

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 35

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Price for Congress

Full Name (Last, First, Middle Initial)

A. Ms. Anna Tilghman

Mailing Address 4122 Rockingham Dr

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 03 | | 2015 |

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Raleigh | NC | 27609-5706 |

Amount of Each Disbursement this Period

| |
|--------|
| 267.00 |
|--------|

Purpose of Disbursement
Reimbursement Travel

002

Transaction ID : D502330

Candidate Name

Category/
Type

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

B. US Airways

Mailing Address 3415 Old Wake Forest Rd.

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 03 | | 2015 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Raleigh | NC | 27608 |

Amount of Each Disbursement this Period

| |
|--------|
| 267.00 |
|--------|

Purpose of Disbursement
Airfare

002

Transaction ID : D502419

Candidate Name

Category/
Type

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

C. ADP

Mailing Address 4101 Doie Cope Road

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 29 | | 2015 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Raleigh | NC | 27613 |

Amount of Each Disbursement this Period

| |
|---------|
| 4607.81 |
|---------|

Purpose of Disbursement
Payroll

001

Transaction ID : D502357

Candidate Name

Category/
Type

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

SUBTOTAL of Disbursements This Page (optional).....

4874.81

TOTAL This Period (last page this line number only).....